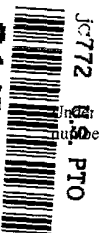


01/08/01



JC772 PTO

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PTO/SB/05 (12/97)
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Utility Patent Application Transmittal <small>(only for nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	IIZ 120	DATE	January 7, 2001
	Inventor (s) Mamoru SUSAKI			
	TITLE	EMBOSSSED CARRIER TAPE FOR ELECTRONIC DEVICES		

JC325 U.S. PTO
09/756058

01/08/01

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Patent Application Fee Determination Record (Submit an original, and a duplicate for fee processing)	
2. <input checked="" type="checkbox"/> Specification [Total Pages 21] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) Figures 1A-7C [Total Sheets 9]	
4. Oath or Declaration [Total Sheets 3] <input checked="" type="checkbox"/> Newly executed (original or copy)	
ACCOMPANYING APPLICATION PARTS	
8. <input checked="" type="checkbox"/> Assignment & Recordation Cover Sheet [Total pages 3]	
9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Total Pages] [Total References]	
12. <input type="checkbox"/> Preliminary Amendment [Total Pages]	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)	
14. <input type="checkbox"/> Small Entity Statement(s) [Total Pages]	
15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) The rights of priority are claimed under 35 U.S.C. § 119 of Japanese Application No. 209195/2000 Filed July 11, 2000	
16. <input type="checkbox"/> Other: _____	

18. CORRESPONDENCE ADDRESS			
If there is no check attached, or the check is made out for an insufficient amount, please charge any deficiency to our Deposit Account No. 18-0002 and notify us accordingly.			
NAME	Steven M. Rabin (Reg. No. 29,102) - Rabin & Champagne, P.C. <i>St. M. Rabin</i>		
CUSTOMER NO.	23995		
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+

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Application or Docket Number

IIZ 120

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	27 minus 20 =	* 7
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
PAYROLL PROPERTY TAX SALES TAX CITY TAX COUNTY TAX STATE TAX FEDERAL TAX MORTGAGE INSURANCE HOA DUES UTILITY RENT PHONE CABLE INTERNET CAR INSURANCE HEALTH INSURANCE DENTAL INSURANCE VETERAN'S BENEFIT DISABILITY BENEFIT UNEMPLOYMENT BENEFIT PENSION PLAN 401K PLAN IRA PLAN ROTH IRA PLAN OTHER PLAN	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	FEE
5.00	\$ 7.10
x \$ 18 =	126
x _____ =	
+ _____ =	
TOTAL	\$ 310

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					(37 CFR 1.16(d))

RATE	ADDITIONAL FEE
x \$ ____ =	
x ____ =	
+ ____ =	
TOTAL	

	RATE	ADDITIONAL FEE
R	x \$ _____ =	
R	x _____ =	
R	+ _____ =	
R	TOTAL	

(Column 1)

(Column 2)

(Column 3)

ADDIT. FEE

ADDIT. FEE

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	ADDITIONAL FEE
x \$_____ =	
x _____ =	
+ _____ =	
TOTAL	

(Column 1)

(Column 2)

(Column 3)

ADDIT. FEE

ADDIT. FEE

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					(37 CFR 1.16(d))

RATE	ADDITIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL ADDIT FEE	

	RATE	ADDITIONAL FEE
OR	x \$_____ =	
OR	x _____ =	
OR	+ _____ =	
OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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